## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
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MEDITRONIC, INC. 710 MEDITRONIC PARKWAY NE MINNEAPOLIS, MN 55432-9924  MEDITRONIC PARKWAY NE MINNEAPOLIS, MN 55432-9924  MEDITRONIC PARKWAY NE MINNEAPOLIS, MN 55432-9924  APPLATOR NO. FILNO DATE FIRST NAMED DVINTOR ATTORNEY DOCKET NO. CONFEMATION NO.  10648-908 08/27/2003 Scott J. Brabee  APPLATOR NO. HILNO DATE FIRST NAMED DVINTOR ATTORNEY DOCKET NO. CONFEMATION NO.  10648-908 08/27/2003 Scott J. Brabee  APPLATYPE SMALL ENTITY ISSUEPPEDUE PRENAMED DVINTOR ATTORNEY DOCKET NO. CONFEMATION NO.  10648-908 08/27/2003 Scott J. Brabee  APPLATYPE SMALL ENTITY ISSUEPPEDUE PRENAMED DVINTOR LECTRODE  APPLATYPE AMAIL ENTITY ISSUEPPEDUE PRENAMED PROPERTY OF TOTAL PEERS DUE DATE DUE  EXAMINER ATTURIT CLASS-SUBCLASS  ALTER, ALYSSA MARGO 3762 607-122000  L. Change of correspondence address or indication of "Pre Address" of Total Confederation for TPCOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use	indicated unless correct	ea below or directed of	for transmitting the ISS ng the Patent, advance of herwise in Block 1, by	(a) specifying a new co	rrespondence address	s; and/or (b)	indicating a separ	ate "FEE ADDRESS" for	
MEDITRONIC, INC. 710 MEDITRONIC PARKWAY NE MINNEAPOLIS, MN 55432-9924  MEDITRONIC PARKWAY NE MINNEAPOLIS, MN 55432-9924  MEDITRONIC PARKWAY NE MINNEAPOLIS, MN 55432-9924  APPLATOR NO. FILNO DATE FIRST NAMED DVINTOR ATTORNEY DOCKET NO. CONFEMATION NO.  10648-908 08/27/2003 Scott J. Brabee  APPLATOR NO. HILNO DATE FIRST NAMED DVINTOR ATTORNEY DOCKET NO. CONFEMATION NO.  10648-908 08/27/2003 Scott J. Brabee  APPLATYPE SMALL ENTITY ISSUEPPEDUE PRENAMED DVINTOR ATTORNEY DOCKET NO. CONFEMATION NO.  10648-908 08/27/2003 Scott J. Brabee  APPLATYPE SMALL ENTITY ISSUEPPEDUE PRENAMED DVINTOR LECTRODE  APPLATYPE AMAIL ENTITY ISSUEPPEDUE PRENAMED PROPERTY OF TOTAL PEERS DUE DATE DUE  EXAMINER ATTURIT CLASS-SUBCLASS  ALTER, ALYSSA MARGO 3762 607-122000  L. Change of correspondence address or indication of "Pre Address" of Total Confederation for TPCOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use of a Customer PTOSB47; Rev (3-0)2 or more recent) attached. Use					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
APPLICATION NO. FILING DATE FIRST NAMED ENVENTOR ATTORNEY DOCKSET NO. CONFERMATION NO. 10648 508 08/27/2003 SCOLJ. Briabec P0009676.COLJ.Glol 26 4394  TITLE OF INVENTION: HIGH IMPEDANCE AND LOW POLARIZATION ELECTRODE  APPLY. TYPE SMALL ENTITY ISSUEFEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(8) DUE DATE DUE nonprovisional NO \$1510 \$300 \$0 \$1810 04/25/2011  EXAMINER ART UNIT CLASS-SUBCLASS  ALTER, ALYSSA MARGO 3762 607-122000  1. Change of correspondence address or indication of 'Tee Address' (37 Classes from PTONE) 2.2 and the state of the patient of the patient front page, list (1) the names of up to 3 registered patient attorneys or agents OR, alternatively. (2) the same of a single firm (taving as a member a processor of the patient) of the patient front page, list (1) the names of up to 3 registered patient attorneys or agents OR, alternatively. (2) the same of a single firm (taving as a member a processor of the patient) of the patient front page, list (1) the name will be printed out on a single set of the patient of the patient of the patient in the unit is listed, no name will be printed. (2) the name will be printed unit is listed, no name will be printed below, the document has been filed for recordation as set front in 3 TCR \$1.1. Completion of this form is NT1 a substanted for filling an assignment of the patient. If on any printed patient is not unit to listed to the patient in the patient of the patient of the patient in the	MEDTRONIC, INC. 710 MEDTRONIC PARKWAY NE				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being denotited with the United				
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CUNFEMATION NO. 10/648,908 68/27/2003 SCOL J. Biabec P0009676.00/LG10125 4394  TITLE OF INVENTION: HIGH IMPEDANCE AND LOW POLARIZATION FLECTRODE  APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE FREV. FAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1510 \$300 \$0 \$1810 \$04/25/2011  EXAMINER ART UNIT CLASS-SUBCLASS  ALITER, ALYSSA MARGO 3762 607-122000  1. Canage of correspondence address or indication of "Fee Address" (37 CET). 1.800  CHARGE FOR TOTAL FEE(S) DUE DATE DUE (1) the names of ap to 3 registered patent attorneys or agent and the names of ap to 3 registered patent attorneys or agent and the names of ap to 3 registered patent attorneys or agent and the names of approximate and the names of a proposition of the patent front page, list (1) the names of ap to 3 registered patent attorneys or agent and the names of a proposition of the patent front page, list (1) the names of ap to 3 registered patent attorneys or agent and the names of ap to 3 registered patent attorneys or agent and the names of approximate proposition of more recent) attached. Use of a Castomer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set front in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  Medit Croir C. Minneapolis, Minnesota  Please check the appropriate assignce categories (will not be printed on the patent): Individual © Corporation or other private group entity Government  4a. The following fee(s) are submitted:  Medit Croir Fee of Corpies  Minneapolis, Minnesota  Probleation Fee (No small entity discount permitted)  Applicant claims SMALL ENTITY status. See 37 CFR 1.27			Sue Nienaber			(Depositor's name)			
APPLICATION NO. FILING DATE   FIRST NAMED INVENTOR   ACTORNEY DOCKET NO. CONFIRMATION NO. 10/648,908   08/27/2003   Scott J. Brabec   P0009676.00/LG10126   4394    APPLN. TYPE   SMALL ENTITY   ISSUE FEE DUE   FUBLICATION FEE DUE   PREV. PAID ISSUE FEE   TOTAL FEE(S) DUE   DATE DUE   tonprovisional   NO   \$1510   \$300   \$0   \$1810   04/25/2011    EXAMINER   ART UNIT   CLASS-SUBCLASS    ALTER, ALYSSA MARGO   3762   607-122000    1. Change of correspondence address or indication of "Fee Address" (37   CPR 1.353).   CPR 1.353).   CPR 1.353).								(Signature)	
10/648,908 08/27/2003 Scott J. Brabec P0009676.00/LG10126 4394  TITLE OF INVENTION: HIGH IMPEDANCE AND LOW POLARIZATION ELECTRODE  APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1510 \$300 \$0 \$0 \$1810 \$04/25/2011  EXAMINER ARTURIT CLASS-SUBCLASS  ALTER, ALTYSA MARGO 3762 607-122000  Change of correspondence address or indication of "Fee Address" (and Change of Correspondence address or indication of "Fee Address" Indication form PTO-871/22) attached.  □ The Address' indication for "Fee Address" Indication form PTO-871/22) attached.  □ The Address' indication for "Fee Address" Indication form PTO-871/22) attached.  □ The Address' indication for "Fee Address" Indication form PTO-871/22) attached.  □ The Address' indication for "Fee Address" Indication form PTO-871/22) attached.  □ The Address' indication for "Fee Address" Indication form processed and the names of up to 3 registered parent attorneys or agents. If no name is incided, to turns with be parented.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set from in 37 CFR 3.1. Completion of this form is NOT a substitute for filing an assignnee.  (A) NAME OF ASSIGNEE  Minneapolis, Minnesota  Minneapolis, Minnesota  Please check the appropriate assignee category or categories (will not be printed on the patent): □ Individual ☑ Corporation or other private group entity □ Government and the process of the patent of Private group entity □ Government and process of the Patent of Private group entity □ Government and process of the Patent of Private group entity □ Government and process of Private group entity □ Government and process of Private group entity □ Government and process of Private group entity □ Government and private group entity □ Government and private group entity					April 6,	2011	***************************************	(Date)	
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ALTER, ALYSSA MARGO 3762 607-122000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  1. Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached.  1. The Address' Indication (or "Fee Address" Indication form PTO/SB/122) attached.  1. The Address' Indication (or "Fee Address" Indication form PTO/SB/122) attached.  1. The Address' Indication (or "Fee Address" Indication form PTO/SB/122) attached.  2. The Address' Indication (or "Fee Address" Indication form PTO/SB/122) attached.  2. The Address' Indication (or "Fee Address" Indication form PTO/SB/122) attached.  2. The Address' Indication (or "Fee Address" Indication form PTO/SB/122) attached.  2. The Address' Indication for "Fee Address' Indication form PTO/SB/122) attached.  2. The Address' Indication for "Fee Address' Indication form PTO/SB/122) attached.  2. The Address' Indication for "Fee Address' Indication form PTO/SB/122) attached.  2. The Indication for "Fee Address' Indication form PTO/SB/122) attached.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Minneapolis, Minnesota  4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  4a. The Issue Fee  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  4c. Acheck is enclosed.  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  4c. Acheck is enclosed.  4c. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  4c. Acheck is enclosed.  4d. Apdresside Addresside Addresside Addresside Address	nonprovisional	NO	\$1510	\$300	\$0	***************************************	\$1810	04/25/2011	
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Please check the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government  4a. The l'ollowing fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is cnclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 132546 (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)  a Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (if results d) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.  Authorized Signature  Date April 6, 2011  Registration No. 41,600	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
4a. The following fee(s) are submitted:    Sissue Fee   A check is cnclosed.   Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   A check is cnclosed.   Payment by credit card. Form PTO-2038 is attached.   The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 132546 (enclose an extra copy of this form).    S. Change in Entity Status (from status indicated above)   A popular to Deposit Account Number 132546 (enclose an extra copy of this form).    NOTE: The Issue Fee and Publication Fee (if respected) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Unsted Space Patent and Trademark Office.    Authorized Signature	·		categories (will not be p				r other private grou	n entity Government	
□ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (if respired) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.  Authorized Signature  Date  April 6, 2011  Typed or printed name  Carol F. Barry  Registration No. 41,600	4a. The l'ollowing fee(s):  Issuc Fce  Publication Fee (N	are submitted:  To small entity discount p	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is cnclosed.  Payment by credit card. Form PTO-2038 is attached.						
Authorized Signature Date April 6, 2011  Typed or printed name Carol F. Barry Registration No. 41,600	a. Applicant claim	s SMALL ENTITY statu	is. See 37 CFR 1.27,						
Typed or printed name Carol F. Barry Registration No. 41,600			is Patent and Trademark	k Office.	***************************************	************	***********	······	
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 1.22 and 37 CFR 1.14. This collection is extracted to take 1.32 the public which is to file (and by the USPTO to process)	_	Carol F	Barry		Registration No. 41,600				
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an application. Complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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